

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90089 005 ****61.25

DOCUMENT # 734649

1. Entity Name

WESTLAND-EDEN CONDOMINIUM II ASSOCIATION,
INC.



Principal Place of Business

1900 W. 54TH STREET
OFFICE MAIL BOX 423
HIALEAH FL 33012
US

Mailing Address

1900 W. 54TH STREET
OFFICE MAIL BOX 423
HIALEAH FL 33012
US

2. Principal Place of Business

Same as above

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1630808

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

FELIX, CARMEN
1900 W 54TH STREET #105
HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: VD
NAME: FORTICH, ABDON ☒ Delete
STREET ADDRESS: 1900 W 54 ST #416
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: PD
NAME: NUNEZ PURIFICATION ☐ Delete
STREET ADDRESS: 1900 W 54 ST #213
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: VD
NAME: ARMANDO, GOMEZ ☒ Delete
STREET ADDRESS: 1900 W 54 ST, #207
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: SD
NAME: PEDRIANES, DAYAMI ☐ Delete
STREET ADDRESS: 1900 W 54 ST #307
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: TD
NAME: DOMINGUEZ, PEDRO ☐ Delete
STREET ADDRESS: 1900 W 54 ST #102
CITY-ST-ZIP: HIALEAH FL 33012

TITLE: D
NAME: NUNEZ, JUAN S ☐ Delete
STREET ADDRESS: 1900 W 54 ST
CITY-ST-ZIP: HIALEAH FL 33012

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: *JOSE LUIS ZETARIN* ☐ Change ☒ Addition
NAME: *1900 W. 54 ST. (#107)*
STREET ADDRESS: *Hialeah, FL 33012* VD
CITY-ST-ZIP: *VD*

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: *SILVIA FERNANDEZ* ☐ Change ☒ Addition
NAME: *1900 W. 54 ST. #121*
STREET ADDRESS: *Hialeah, FL 33012* VP
CITY-ST-ZIP: *VP*

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* (Purification) *nuñez* 1/26/04 (903) 558-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #